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CONFIRMATION NO. 9187

SERIAL NUMBER 09/558,077	FILING OR 371(c) DATE 04/25/2000 RULE	CLASS 709	GROUP ART UNIT 2155	ATTORNEY DOCKET NO. P059	
APPLICANTS Will Scullin, San Francisco, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
ADDRESS 33318					
TITLE MULTIPLE SOURCE PROXY MANAGEMENT SYSTEM					
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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 Washington, D.C. 20231

SERIAL NUMBER 09/558,077	FILING DATE 04/25/2000 RULE -	CLASS 707	GROUP ART UNIT 2776	ATTORNEY DOCKET NO. GEOC.P0016	
APPLICANTS Will Scullin, San Francisco, CA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000 -					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
ADDRESS Dag H Johansen 190 Independence Drive Menlo Park ,CA 94025					
TITLE Multiple source proxy management system					
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		